

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sharon</i>	<i>68903</i>	<i>032900</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>4-300</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>41001</i>	<i>5/24/00</i> <i>8/24/00</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final	
Original	
1	7/22/00
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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